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Bib Data Sheet

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| SERIAL NUMBER 10/706,852 | FILING OR 371(c) DATE 11/12/2003 RULE | CLASS 424 | GROUP ART UNIT 1643 | ATTORNEY DOCKET NO. IMMU-0019US1 |
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APPLICANTS

Gary L. Griffiths, Morristown, NJ;
 Hans J. Hansen, Picayune, MS;
 David M. Goldenberg, Mendham, NJ;
 Bo B. Lundberg, Abo, FINLAND;

**** CONTINUING DATA *******

This appln claims benefit of 60/478,830 06/17/2003
 and is a CIP of 10/314,330 12/09/2002
 which is a CON of 09/965,796 10/01/2001
 which is a CON of 09/307,816 05/10/1999 PAT 6,306,393
 This application 10/706,852
 is a CIP of 10/350,096 01/24/2003
 which is a CON of 09/590,284 06/09/2000 PAT 7,074,403
 This application 10/706,852
 is a CIP of 10/377,122 03/03/2003 PAT 7,312,318
 which claims benefit of 60/360,259 03/01/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

03/11/2004

**** SMALL ENTITY ****

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|---------------------------------|---|------------------------|----------------------|---------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 13 | TOTAL CLAIMS 125 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

63322

TITLE

Anti-CD74 immunoconjugates and methods

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| FILING FEE RECEIVED 1395 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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